

New Business

9-10-19.

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

54

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1012 Event Name: Detroit China FestivalEvent Date : September 12, 2019Street Closure: NoneOrganization Name: Detroit Chinatown GroupStreet Address: 1 Ajax Drive Suite 201 Madison Heights, MI 48071

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☐ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☐ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

2nd Annual Chinese Festival held in Hart Plaza with local food vendors 11:00am - 5:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors Licenses Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Austin

Date: 9-6-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, August 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1012 *Detroit Chinatown Group, request to hold "Detroit China Festival" at Hart Plaza on September 21, 2019 from 11:00 AM to 5:00 PM with set up and tear down to be completed on the event date, 9-21-19.*

10/12
9/21/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit China Festival

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Chinatown Group

Organization Mailing Address: 1 Ajax dr, Suite 201. Madison Heights, MI. 48071

Business Phone: 734-205-7739

Business Website: detroitchinatownllc.com

Applicant Name: Joshua Chiatovich

Business Phone: 734-205-7739

Cell Phone: same

Email: Joshua.c@detroitchinatownllc.com

Event On-Site Contact Person:

Name: Paul Gaines

Business Phone:

Cell Phone: 248-910-9066

Email: paul.gaines@detroitchinatownllc.com

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☒ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☒ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 10,000

Please provide a brief description of your event:

Chinese food, cultural displays, music and acts.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/21/19 Time: 8am Complete Set-up Date: 9/21/19 Time: 11am

Event Start Date: 9/21/19 Time: 11am Event End Date: 9/21/19 Time: 5pm

Begin Tearing Down Date: 9/21/19 Complete Tear Down Date: 9/21/19

Event Times (If more than one day, give times for each day):

11am-5pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Musical performances on the main stage, interactive performances off stage

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Unknown. TBD

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

[☒] Food [☐] Merchandise [☒] Non-Alcoholic Beverages [☐] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☐ Yes ☒ No

If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? We distribute maps of convenient parking locations and are also working with Lyft.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Camouflage security

Contact Person: Joel Grissom

Address: Phone: 313-717-2381

City/State/Zip:
Detroit

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

[☒] Licensed

[☐] Armed

[☒] Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

NO

Have local neighborhood groups/businesses approved your event?

☐ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? Hart Medical

Contact Person: Adam Gottlieb

Address:

Phone: 248-789-3648

City/State/Zip:

Name of company providing port-a-johns. Scotties Potties

Contact Person:

Address:

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☐ Yes ☒ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: _____ **Event**

Date: _____

Event Organizer:

Applicant Signature: _____

Date: _____

2019-08-05

1012

1012

*Petition of Detroit Chinatown Group,
request to hold "Detroit China
Festival" at Hart Plaza on September
21, 2019 from 11:00 AM to 5:00 PM
with set up and tear down to be
completed on the event date, 9-21-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

- MAYOR'S OFFICE PLANNING AND DEVELOPMENT
- DEPARTMENT
- DPW - CITY ENGINEERING DIVISION POLICE
- DEPARTMENT
- FIRE DEPARTMENT BUSINESS LICENSE CENTER
- TRANSPORTATION DEPARTMENT MUNICIPAL

55

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1028 Event Name: March for HOPEEvent Date: October 13, 2019Street Closure: Oakman Blvd. & Fenkell Ave.Organization Name: Focus: HOPEStreet Address: 1400 Oakman Boulevard Detroit, MI 48238

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☒ Walkathon
 ☐ Carnival/Circus
 ☐ Concert/Performance
 ☐ Run/Marathon
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

Focus: HOPE will host their annual walkathon at 1400 Oakman and the adjacent park from 11:00am - 4:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Focus:HOPE Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Community EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Stages
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Kushier

Date: 9-6-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1028 *Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.*

10/13/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: March for HOPE

Event Location: 1550 Oakman Blvd., Detroit, MI 48238

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Focus: HOPE

Organization Mailing Address: 1400 Oakman Blvd., Detroit, MI 48238

Business Phone: (313) 494-4371 Business Website: www.focushope.edu

Applicant Name: Jennifer Presley

Business Phone: (313) 494-4371 Cell Phone: (616) 744-2847 Email: jennifer.presley@focushope.edu

Event On-Site Contact Person:

Name: Jennifer Presley

Business Phone: (313) 494-4371 Cell Phone: 269 744-2847 Email: jennifer.presley@focushope.edu

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 500

Please provide a brief description of your event:

The March for HOPE brings together thousands of men and women and children together to walk the streets of Detroit in support of diversity, opportunity and equality in southeastern Michigan. The four-mile walk is a reminder of those whose footsteps we follow in and the distance that remains to be traveled to eliminate poverty and racism in our community.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 10-13-19 Time: 6 a.m. Complete Set-up Date: 10-13-19 Time: 10 a.m.

Event Start Date: 10-13-19 Time: 11 a.m. Event End Date: 10-13-19 Time: 4 p.m.

Begin Tearing Down Date: 10-13-19 Complete Tear Down Date: 10-13-19

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: 1550 Oakman Blvd., Detroit, MI 48238

Facilities to be used (circle): Street Sidewalk Park City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

live marching bands, jazz or rock band.

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Amplified - augmented, sound increased to broaden. Amplified sound will be used.

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food ☒ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold: Basic Gift shop items - t-shirts, polos, cups, hats, etc.

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many: 1-2

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? Security staff will direct vehicles.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Arnold Pirtle - Focus: HOPE has its own in-house security

Address: 1200 Oakman Blvd.

Phone: (313) 494-4356

City/State/Zip: Detroit, MI 48238

Number of Private Security Personnel Hired Per Shift: 20-25 will be on-site for the event.

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Pedestrian Traffic.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event: The local neighborhood groups

are part of the planning committee.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

No generators will be used or needed.

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

	How Many?	Size/Height
Booth	19	16 (12x12)
Tents (enclosed on 3 sides)		
Canopy (open on all sides)	2	one 30x60 and one 10x20
Staging/Scaffolding	1	stage is 8x4, 19ft. high
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Community EMS

Address: 25400 West Eight Mile Rd.

City/State/Zip: Southfield, MI 48034

Name of company providing port-a-johns. Wags on Site Services

Contact Person:

Address: 26490 W. 8 mile Rd

Phone: (248) 213-7949

City/State/Zip: Southfield, MI 48033

Name of private catering company?

Contact Person: Touch of Class

Address: 10612 W. Nine Mile Rd

Phone: (248) 996-3659

City/State/Zip:

Oak Park, MI 48237

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures? ☒ Yes ☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: Oakman Blvd.

FROM: Dexter Ave TO: Fenkell Ave

CLOSURE DATES: 10-13-19 BEG TIME: 6:00 a.m. END TIME: 4:00 p.m.

REOPEN DATE: 10-13-19 TIME: 4:00 p.m.

STREET NAME: Fenkell Ave

FROM: Oakman Blvd. TO: Dexter Ave

CLOSURE DATES: 10-13-19 BEG TIME: 6:00 a.m. END TIME: 2:00 p.m.

REOPEN DATE: 10-13-19 TIME: 2:00 pm

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

5-21-19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: March for HOPE Event
Date: 10-13-19

Event Organizer: Jennifer Presley

Applicant Signature: 
Date: 5-21-19

2019-08-05

1028

1028 *Petition of Focus: HOPE, request to hold "March for HOPE" on October 13, 2019 from 11:00 AM to 4:00 PM with temporary street closures on Oakman Blvd. and Fenkell Ave.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

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MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1030 Event Name: 2019 Armed Forces SaluteEvent Date : November 10, 2019Street Closure: VariousOrganization Name: Metropolitan Detroit Veterans CoalitionStreet Address: 500 Temple Suite 4M Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon ☐ Carnival/Circus ☐ Concert/Performance ☒ Run/Marathon
☐ Bike Race ☐ Religious Ceremony ☐ Political Ceremony ☐ Festival
☐ Filming ☒ Parade ☐ Sports/Recreation ☐ Rally/Demonstration
☐ Fireworks ☐ Convention/Conference ☒ Other: Vets Fest
☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Celebration of Veterans in Detroit with the 14th annual Parade, Run and Vets Fest located at Dean Savage Park and surrounding streets from 10:30am - 3:30pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: B. Jushier

Date: 9-6-19

Janice M. Winfrey
City Clerk

City of Detroit
OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

DEPARTMENTAL REFERENCE COMMUNICATION

Monday, August 5, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1030 *Metropolitan Detroit Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: **2019 ARMED FORCES SALUTE**

Event Location: **Detroit, Michigan**

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: **METROPOLITAN DETROIT VETERANS COALITION**

Organization Mailing Address: **500 Temple Suite 4M Detroit, MI 48201-2693**

Business Phone: **313.936.0760**

Business Website: **www.detroitveteransdayparade.org**

Applicant Name: **DICK CHATMAN**

Business Phone: **313.204.7227** Cell Phone: **313.204.7227** Email: **dickc1948@ameritech.net**

Event On-Site Contact Person:

Name: **Jack Riley**

Business Phone: **734.516.9689** Cell Phone: **734.516.9689** Email: **jackcriley@hotmail.com**

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input checked="" type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input checked="" type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: VETS FEST |

Projected Number of Attendees: **3,000**

Please provide a brief description of your event: **OUR EVENT IS 3 EVENTS ON ONE DAY OF CONTINUOUS PATRIOTIC CELEBRATION OF VETERANS IN DETROIT. IT INCLUDES THE 14TH ANNUAL DETROIT VETERANS DAY PARADE, 4STAR 4MILE RACE AND VETS FEST. STAGING FOR PARADE AND RACE WILL BE ON ABBOTT AND PORTER STREETS BETWEEN 6TH AND TRUMBULL, VETS FEST AND POST PARADE/RACE CELEBRATION WILL TAKE PLACE AT THE**

IBEW LOCAL 58 UNION HALL, WHICH WILL ALSO SERVE AS OUR STAGING ANCHOR.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 11-10-19 Time: 7:30A Complete Set-up Date: 11-10-19 Time: 10:00A

Event Start Date: 11-10-19 Time: 10:30A Event End Date: 11-10-19 Time: 3:30PM

Begin Tearing Down Date: 11-10-19 Complete Tear Down Date: 4:30PM

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Michigan- Michigan Ave (Trumbull to 17th Street)

Facilities to be used (circle):
Facility

Street

Sidewalk

Park

City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

PLEASE SEE ATTACHMENTS

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: ENTERTAINMENT WILL BE LIVE MUSIC (TBD) IN THE PARKING LOT AT THE IBEW LOCAL 58 UNION HALL

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? SPEAKERS - MICROPHONES STANDARD SOUND SYSTEM

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☐ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

SNACK FOOD, HOT DOGS, HAMBURGERS, REFRESHMENTS, BEER

Indicate type of items to be sold:

Will there be food trucks? ☒ Yes ☐ No # OF TRUCKS TBD
If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No
If yes, please describe the amount:

How will you advise attendees of parking options? EMAIL-FACEBOOK-WEB POSTING

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: CAMOUFLAGE SECURITY & INVESTIGATION

Contact Person: Jack Riley

Address: 615 GRISWOLD ST #925

Phone: 313.338.8005

City/State/Zip: DETROIT 48226

Number of Private Security Personnel Hired Per Shift: TBD

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☒ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

SOME STREETS WILL HAVE TO BE BLOCKED FOR STAGING OF EVENT. EVENT WILL OCCUR ON A SUNDAY WHICH SHOULD AFFECT

THE IMPACT OF THE STREET CLOSURES.

Have local neighborhood groups/businesses approved your event?

☒ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: BUSINESSES/GROUPS AFFECTED BY OUR EVENT WILL BE
NOTIFIED AS WELL AS INVITED TO PARTICIPATE.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

ANY POWER NEEDS WILL BE HANDLED BY IBEW LOCAL 58

Name of vendor providing generators: Contact Person:

Address:

Phone:

City/State/Zip

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

DMCare Express
1600 E. Grand Blvd. Suite 200
Detroit, Michigan 48221

Contact Person: JENNIFER A CZUHAJ - EVENT COORDINATOR 313.259.5215

Address:

City/State/Zip:

BRENDEL'S SEPTIC TANK SERVICE LLC

Name of company providing port-a-johns.

Contact Person: 248.698.5000

Address

Phone: 248.698.5000

City/State/Zip.

Name of private catering company?

Contact Person:

Address

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures?

☒ Yes

☐ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: ABBOTT ST

FROM: 6TH TO: ROSA PARKS

CLOSURE DATES: 11-10-19 BEG TIME: 8AM END TIME: 2PM

REOPEN DATE: 11-10-19 TIME: 2PM

STREET NAME: MICHIGAN AVE

FROM: BROOKLYN TO: JUST EAST OF GRAND RIVER

CLOSURE DATES: 11-10-19 BEG TIME: 11AM END TIME: 130PM

REOPEN DATE: 11-10-19 TIME: 130PM

STREET NAME: SIDE STREETS THAT FEED INTO PARADE/RACE ROUTE

FROM: BEGINNING OF PARADE/RACE TO: END OF PARADE/RACE

CLOSURE DATES: 11-10-19 BEG TIME: 11AM END TIME: 130PM

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE NOTE: STAGING WILL TAKE PLACE BEGINNING @8:00 AM ON 11-10-2019 WE WILL NEED AFFECTED STREETS CLOSED IN THE STAGING AREA FROM 8:00AM TO 2:00PM

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

UPON APPROVAL OF SPECIAL EVENTS COMMITTEE, ALL REQUIRED PAPERWORK
WILL BE SUBMITTED

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Richard Chatman

7-29-2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: 2019 ARMED FORCES SALUTE Event

Date: SUNDAY NOVEMBER 10, 2019

Event Organizer: METROPOLITAN DETROIT VETERANS COALITION

Applicant Signature: *Richard Chatman*

Date: 7-29-2019



11/10/19
1030

APPLICANT NAME:

RICHARD CHATMAN 313.204.7227

EM: dickc1948@ameritech.net

EVENT-ON-SITE CONTACT:

JACK RILEY 734.516.9689

EM: jackcriley@hotmail.com

**ATTENTION: BETHANIE FISHER-CITY OF DETROIT SPECIAL EVENTS
COMMITTEE**

RE: PETITION TO HOLD ARMED SERVICES SALUTE IN CITY OF DETROIT

ATTACHED TO THIS CORRESPONDENCE

City of Detroit Special Events Application

7 PAGES



2019-08-05

1030

1030 *Petition of Metropolitan Detroit Veterans Coalition, request to hold "2019 Armed Forces Salute" on November 10, 2019 from 10:30 AM to 3:30 PM with temporary closures of Michigan Ave, Abbot St. and various side streets adjacent to the Parade Route.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

DPW - CITY ENGINEERING DIVISION PLANNING AND
DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

57

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 1013 Event Name: Metro Detroit Out of the Darkness Walk

Event Date: September 28, 2019

Street Closure: None

Organization Name: American Foundation for Suicide Prevention

Street Address: 33717 Woodward Ave. #238 Birmingham, MI 48009

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Annual 5K fundraiser and outreach to raise awareness on Suicide at Hart Plaza from 9:00am - 2:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart EMS to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Fusher

Date: 9-6-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE PLANNING AND DEVELOPMENT DEPARTMENT
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT TRANSPORTATION DEPARTMENT

1063 *American Foundation for Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza on September 28, 2019 from 9:00 AM to 2:00 PM with set up to be completed on 9-27-19 and tear down to be complete on the event date, 9-28-19.*

1063
9/28/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Metro Detroit Out of the Darkness Walk

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: American Foundation for Suicide Prevention

Organization Mailing Address: 33717 Woodward Ave, #238, Birmingham, MI 48009

Business Phone: 810 701-7790

Business Website: afsp.org/Michigan

Applicant Name: Anne Perry

Business Phone:

Cell Phone: 810 701-7790

Email: aperry@afsp.org

Event On-Site Contact Person:

Name: Anne Perry

Business Phone:

Cell Phone: 810 701-7790

Email: aperry@afsp.org

Event Elements (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 3500

Please provide a brief description of your event:

Annual fundraiser/outreach event for suicide loss survivors, those with lived experience and for anyone who has been affected by suicide. There will be a 5k walk along the riverfront. In the plaza we will have a stage and many tents with different resources and activities. This is a family friendly event.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : 9/27/19 Time: 8am Complete Set-up Date: 9/27/19 Time: 8:00pm

Event Start Date: 9/28/19 Time: 9am Event End Date: 9/28/19 Time: 2pm

Begin Tearing Down Date: 9/28/19 Complete Tear Down Date: 9/28/19
by 6pm

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used (circle): Street Sidewalk Park **X** City
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Music played from a set list prior to event start, and a band will perform after

Will a sound system be used? **X** ☐ Yes ☐ No

If yes, what type of sound system? Will be provided by the staging company (Pegasus Entertainment)

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes **X** ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes **X** ☒ No

If yes, list price(s):

Will there be vending or sales? **X** ☒ Yes ☐ No

If yes, check all that apply:

[X] Food [X] Merchandise [X] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☒ Yes ☐ No

If yes, please list how many:

Will there be a charge for parking? Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options? We will inform them of nearby structures

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Camouflage Security

Contact Person: Joel Grissom

Address: 615 Griswold, Ste. 925

Phone:

(313) 338-8005

City/State/Zip:

Detroit, MI 48226

Number of Private Security Personnel Hired Per Shift:

Unknown

Are the private security personnel (check all that apply):

☒ [X] Licensed

☐ [] Armed

☐ [] Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No road closures needed. Sound will be minimal. Participants will remain in plaza for the duration of the event except for the walk

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

Name of vendor providing generators: Contact Person:

Address: 28399 Dartmouth St

Phone: (248) 545-4845

City/State/Zip Madison Heights, MI 48071

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

19 total, 6- 10x10, 4 10x20,

6 20x20, 3- 20x30 Canopy

(open on all sides)

Staging/Scaffolding-

20x20

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart EMS

Address: 1636 W. Fort Street

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns.

Contact Person: Scotty's Potties

Address: P.O Box 530845

Phone: 734 421-1400

City/State/Zip: Livonia, MI 48153

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures? ☐ Yes ☒ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Anne Perry

7/26/19

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Metro Detroit Out of the Darkness Walk Event

Date: 9/28/19

Event Organizer:

Anne Perry

Applicant Signature: *Anne Perry*

Date: 7/25/19

2019-09-03

1063

1063 *Petition of American Foundation for Suicide Prevention, request to hold "Metro Detroit Out of the Darkness Walk" at Hart Plaza on September 28, 2019 from 9:00 AM to 2:00 PM with set up to be completed on 9-27-19 and tear down to be complete on the event date, 9-28-19.*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE PLANNING AND DEVELOPMENT
DEPARTMENT

DPW - CITY ENGINEERING DIVISION POLICE
DEPARTMENT

FIRE DEPARTMENT BUSINESS LICENSE CENTER
RECREATION DEPARTMENT TRANSPORTATION

58

MAYOR'S OFFICE COORDINATORS REPORTOVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**Petition #: 1070 Event Name: Southwest Detroit Business Association Annual Run of the DeadEvent Date: November 2, 2019Street Closure: VariousOrganization Name: Southwest Detroit Business AssociationStreet Address: 7752 West Vernor Highway Detroit, MI

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☒ Walkathon
 ☐ Carnival/Circus
 ☐ Concert/Performance
 ☐ Run/Marathon
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

Annual 5K & 10K held at Patton Park and Woodmere Cemetery from 9:00am - 12:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with DMCAre Express to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permit Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: B. Lushier

Date: 9-6-19

City of Detroit
OFFICE OF THE CITY CLERK

Janice M. Winfrey
City Clerk

Andre P. Gilbert II
Deputy City Clerk

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, September 6, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

1070 *Southwest Detroit Business Association, request to hold Southwest Detroit Business Association annual Run of the Dead at Patton Recreation Center and on Woodmere St. on 11/2/19 from 8:00am to 12:00pm with set up to be completed 11/2/19 and tear down to be complete on the event date 11/2/19*

1670
11/2/19

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Southwest Detroit Business Association Annual Run of the Dead

Event Location: Patton Recreation Center

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Southwest Detroit Business Association

Organization Mailing Address: 7752 West Vernor Highway

Business Phone: 313-842-0986

Business Website: www.southwestdetroit.com

Applicant Name: Robert Dewaelsche

Business Phone: 313-842-0986

Cell Phone: 313-580-0632

Email: robertd@southwestdetroit.com

Event On-Site Contact Person:

Name: Tonette Bryant-Carter

Business Phone: 248-217-3026

Cell Phone: 248-217-3026

Email: tlbcarter@gmail.com

Event Elements (check all that apply)

☒ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☐ Other: _____

Projected Number of Attendees: 700

Please provide a brief description of your event:

5k/10k Certified Run benefitting SDBA educational programming.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 11/02/19 Time: 6:00am Complete Set-up Date: 11/02/19 Time: 8:00am

Event Start Date: 11/2/19 Time: 9:00am Event End Date: 11/2/19 Time: 12:00pm

Begin Tearing Down Date: 11/2/19 Complete Tear Down Date: 11/2/19

Event Times (If more than one day, give times for each day):
11/2/19 - 6:00am - 12:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Patton Park Center

Facilities to be used (Check) Street ☒ Sidewalk ☒ Park ☒ City ☒
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Zumba warm-up, DJ and performances by SDBA Compas students

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Speaker, microphones, acoustic instruments and turntables

Describe specific power needs for entertainment and/or music:

Outside outlets

How many generators will be used? 1

How will the generators be fueled?

Gas

Name of vendor providing generators:

Contact Person: Home Depot

Address: 18700 Meyers

Phone: 313-341-7750

City/State/Zip: Detroit, MI 48235

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No
If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No
If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No
If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

N/A

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Detroit Police Department and Wayne County Sheriffs Department

Contact Person: Deputy Chief Reserve Division- Jim Edwards

Address: 4747 Woodward Avenue

Phone: (734) 260-0253

City/State/Zip:

Detroit, MI 48201

Number of Private Security Personnel Hired Per Shift:

N/A

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

SDBA will have volunteers posted to advise runners and participants where to park at Patton recreation parking lot.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

There will be some temporary street closures, and bus route delays, DPD and Wayne County Sheriff Reserves will be on duty from 6:00am-12:00pm.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Social media, community meetings, Woodier Block Club and the BID (Business Improvement District). There will be proposed street closures and possible bus re-routing.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)		
Canopy (open on all sides)		
Staging/Scaffolding	1	City of Detroit Bandwagon
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Jennifer A. Czuchaj

Address: 1600 E. Grand Blvd., Suite 200

City/State/Zip: Detroit, MI 48221

Name of company providing port-a-johns: Scotty's Potties

Contact Person: Drew Webber

Address: 27940 Wick Rd

Phone: 734-421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

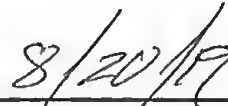
PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

There may be a need for re-routing of bus routes..

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

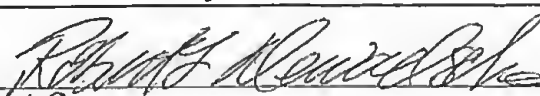
HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Southwest Detroit Business Association Annual Run of the Event
Date: 11/2/19

Event Organizer:
SDBA Project Consultant - Tonette Bryant-Carter

Applicant Signature: 
Date: 8/20/19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Annette West, CISR
Ralph C. Wilson Agency, Inc	PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877
Box 5069	E-MAIL ADDRESS: annettew@rcwa.net
Southfield MI 48086-5069	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company NAIC # 23850
INSURED	INSURER B: Accident Fund General Insurance Company 12304
Southwest Detroit Business Association	INSURER C: Great American Insurance Company 16691
Compass	INSURER D:
7752 West Vernor	INSURER E:
Detroit MI 48209	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 19/20 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB666990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers			EPP9428441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional Insured in respects to above event and oversight of Patton Park

CERTIFICATE HOLDER

CANCELLATION

City of Detroit Parks & Recreation
18100 Meyers

Detroit

MI 48235

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Ralph C. Wilson Agency, Inc. Box 5069 Southfield MI 48066-5069		CONTACT NAME: Annette West, CISR PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877 E-MAIL ADDRESS: annettew@rcwa.net	
INSURED Southwest Detroit Business Association Compass 7752 West Vernor Detroit MI 48209		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company NAIC # 23850 INSURER B: Accident Fund General Insurance Company 12304 INSURER C: Great American Insurance Company 16691 INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 19/20 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK1950563	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1950563	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB666990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 500,000				
			E.L. DISEASE - EA EMPLOYEE \$ 500,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

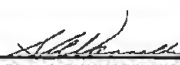
Employee Dishonesty Limit - \$200,000 Limit

RE: Run of the Dead - November 2, 2019.

Certificate holder is added as Additional Insured (General Liability) with respect to Run of the Dead at Patton Park.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit 2 Woodward Avenue Detroit MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

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Ralph C. Wilson Agency, Inc	PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877
Bdx 5069	E-MAIL ADDRESS: annettew@rcwa.net
Southfield MI 48086-5069	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company NAIC# 23850
INSURED	INSURER B: Accident Fund General Insurance Company 12304
Southwest Detroit Business Association	INSURER C: Great American Insurance Company 16691
Compass	INSURER D:
7752 West Vernor	INSURER E:
Detroit MI 48209	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 19/20 Master

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB666990	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV6053671	03/01/2019	03/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional Insured in respects to event listed above providing staff for the event.

CERTIFICATE HOLDER

CANCELLATION

Detroit Police Department
1301 Third Avenue

Detroit

MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2019

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PRODUCER	CONTACT NAME: Annette West, CISR
Ralph C. Wilson Agency, Inc.	PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877
Box 5069	E-MAIL ADDRESS: annettew@rcwa.net
Southfield MI 48086-5069	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company NAIC # 23850
	INSURER B: Accident Fund General Insurance Company 12304
	INSURER C: Great American Insurance Company 18691
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES	CERTIFICATE NUMBER: 19/20 Master	REVISION NUMBER:
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C	Directors & Officers		EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is added as Additional Insured (General Liability) with respect to work/services performed/products supplied by Named Insured as per written contract/agreement.

CERTIFICATE HOLDER	CANCELLATION
Holy Cross Cemetary 8850 Dix Avenue Detroit MI 48209	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2019

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Ralph C. Wilson Agency, Inc	PHONE (A/C, No, Ext): (248) 355-1414 FAX (A/C, No): (248) 304-0877
Box 5089	E-MAIL: annetew@rcwa.net
Southfield MI 48066-5069	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Company NAIC # 23650
INSURED	INSURER B: Accident Fund General Insurance Company 12304
Southwest Detroit Business Association	INSURER C: Great American Insurance Company 16691
Compass	INSURER D:
7752 West Vernor	INSURER E:
Detroit MI 48209	INSURER F:

COVERAGES CERTIFICATE NUMBER: 19/20 Master REVISION NUMBER:

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Road - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to the above event - providing staff

CERTIFICATE HOLDER

CANCELLATION

Wayne County Sheriff's Department
4747 Woodward Avenue

Detroit

MI 48201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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C	Directors & Officers			EPP9426441	03/27/2019	03/27/2020	Limit \$1,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Run of the Dead - November 2, 2019 - Patton Park

Certificate holder is hereby listed as additional insured in respects to above event and use of their property

CERTIFICATE HOLDER	CANCELLATION
Woodmere Cemetary 9400 West Fort Street Detroit MI 48209	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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Theresa Zajac

From: Czuchaj, Jennifer
Sent: Tuesday, August 20, 2019 4:27 PM
To: Theresa Zajac; Tonette Bryant-Carter; Robert L. Dewaelsche
Cc: Jennifer Garnica; Olga Rodriguez
Subject: RE: SDBA contract for Annual 5k/10k Certified Run_2019

Ms. Zajac,

In the past the City of Detroit has accepted my confirmation of services via email as proof of secured services for an event. That, along with the contract I sent over, should be sufficient to satisfy their requirements during the approval process.

DMCare Express will provide (1) ALS ambulance on November 2, 2019 for the Run of the Dead 5k/10k from 0800-1200 at Patton Park. I will be the point of contact for any questions or concerns regarding our medical services for this event. Please feel free to distribute my contact information to DPD and your staff as needed.

Thank you,

Jennifer A. Czuchaj
Event Coordinator/Operations Supervisor



Cellphone: (248) 388-9073
Office: (313) 259-5215
Fax: (313) 259-5978

1600 East Grand Boulevard, Suite 200
Detroit, MI 48211

From: Theresa Zajac [mailto:Theresaz@southwestdetroit.com]
Sent: Tuesday, August 20, 2019 4:01 PM
To: Czuchaj, Jennifer; Tonette Bryant-Carter; Robert L. Dewaelsche
Cc: Jennifer Garnica; Olga Rodriguez
Subject: RE: SDBA contract for Annual 5k/10k Certified Run_2019
Importance: High

WARNING: This email originated from **outside** of Beaumont Health.
Do not click on any links or open any attachments unless you recognize the sender and are expecting the message.

Jennifer C.: We need it for the City of Detroit Special Events Review Meeting tomorrow morning. Can you send TODAY? THERESA

AGREEMENT BETWEEN

Southwest Detroit Business Association and DMCare Express, Inc.

This Agreement is made the 20th day of August 2019, between **Southwest Detroit Business Association** (referred to hereafter as "Corporation") and **DMCare Express, Inc** (referred to hereafter as "DMCare").

WHEREAS, Corporation desires to secure an independent contractor to provide ambulance services as needed, and,

WHEREAS, DMCare is willing to act as an independent contractor and provide said to Corporation.

NOW, therefore, Corporation and DMCare for the consideration hereinafter set forth, agree as follows:

SECTION I – SERVICES PROVIDED

DMCare shall provide dedicated stand-by coverage to include One (1) licensed Advanced Life Support ambulance, during the dates and hours stated on Attachment "A".

SECTION II – PATIENT BILLING

Corporation will not be responsible for patient billing or payment to DMCare for services rendered to its patrons. DMCare will bill patients for services rendered.

SECTION III – LICENSURE, TRAINING AND QUALIFICATIONS

DMCare agrees to provide trained and licensed staff and equipment which complies with State law.

SECTION IV – COMPENSATION

In consideration of DMCare's Advanced Life Support ambulance stand-by services, Corporation will compensate DMCare at a rate listed in Attachment "A".

SECTION V – NOTICE

Any and all notices, designations or other communications provided for herein shall be given to either party in writing, either by receipted personal delivery or certified mail return receipt requested, addressed to the addressee shown below, unless notice of a change of address is furnished to all parties in the manner provided in this section:

Billing/Contract Contacts:

DMCare Express, Inc
Greg Beauchemin, President, CEO
1600 East Grand Boulevard, Suite 200A
Detroit, MI 48211
(313) 259-5125

Southwest Detroit Business Association
Attention: Robert Dewaelsche, President
7752 West Vernor Highway
Detroit, MI 48209

SECTION VI – GOVERNING LAW

Laws of the State of Michigan as to interpretation, construction and performance shall govern this agreement.

SECTION VII – COVENANTS AND CONDITIONS

This agreement shall be binding upon and inure to the benefit of the parties hereto, and their respective successors and shall be binding upon the assigns of Corporation.

SECTION VIII – ASSIGNMENT

Neither party shall have the right to assign this agreement without the prior written consent of either party.

SECTION IX – AMENDMENT

This agreement may be amended, revoked, changed or modified at any time, but only with a written agreement executed by Corporation and DMCare.

SECTION X - TERM

Corporation agrees to contract with DMCare for the "Run of the Dead" event on "November 2, 2019" at Patton Park, 2301 Woodmere St, Detroit, MI 48209.

In witness whereof, both parties hereto have executed this agreement as of the date of the listed above.

For: "Southwest Detroit Business Association"

	<i>President</i>	<i>8/20/19</i>
Signature	Title	Date

For: DMCare Express, Inc

_____ Signature	_____ Title	_____ Date
--------------------	----------------	---------------

Attachment "A"

Rates and Schedule for Medical Services

"Southwest Detroit Business Association"

Run of the Dead (5k/10k)

Patton Park

2301 Woodmere St, Detroit, MI 48209

Requested Schedule for 2014

1 Advanced Life Support Ambulance @ \$155.00/Hour for the following dates and times:

November 2, 2019 (0800-1200)

Requested Medical Services Estimate



Invoice Date :	8/13/2019
Invoice # :	n/a
Terms :	Net 30
PO # :	
Blanket PO # :	
Entity :	DMC are Express, Inc.



Please Remit Payment To: DMC are Express
P.O. Box 213745, Cincinnati, OH 45221-3745

Contact Person: Tonette Bryant-Carter - SDBA Project Consultant
 Contact Person Phone: 248-217-3026
 Location of Event: SDBA
 Venue: City of Detroit - Southwest Detroit
 Name of Event: SDBA's Run of the Dead is a 5K/10K USATF-certified run
 Type of event:
 Concert
 Conference/Show
 X Other (please describe) 5k/10k
 Estimated Attendance: 700+
 Demographic: mixed
 Date of Event: 2-Nov-19
 Event Times: 800
 Coverage Times: 0800-1200
 Special Instructions: N/A

	Persons/Teams Needed	Rate	# of Hours Needed	Price	Location(s) Needed
Staffed BLS unit (per hour)		\$ 140.00		\$ -	
Staffed ALS unit (per hour)	1	\$ 155.00	4.00	\$ 620.00	
Roving Teams (Basic Life Support Team/BLS) (per hour)		\$ 70.00		\$ -	
Roving Teams (Advanced Life Support Team/ALS) (per hour)		\$ 90.00		\$ -	
Basic EMT Services (per hour)		\$ 40.00		\$ -	
Paramedic Services (per hour)		\$ 50.00		\$ -	
Supervisor (per hour)		\$ 60.00		\$ -	
Quick Request Charge (see note below)		\$ 100.00	N/A	\$ -	Date Received:
Holiday		\$ 500.00	N/A	\$ -	
MISCELLANEOUS ITEMS					
	# of days tanks are requested	Rate Each/day	# of tanks Requested		
E-oxygen tanks with regulators and oxygen masks		\$ 150.00		\$0.00	
TOTAL				\$ 620.00	

THIS AREA TO BE COMPLETED BY DMCARE EXPRESS OPERATIONS SUPERVISOR/MANAGER FOR SPECIAL BILLING INSTRUCTIONS OR
 Quick request charge applied when request for services is received less than 5 business days prior to date of event.

August 8, 2019

Lividini Landscaping, Inc.
3905 Stanley
Allen Park, MI 48101

RE: Bid for cleaning services on Nov. 1 and 2, 2019

Lividini Landscaping, Inc. proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery on Friday, November 1 and Saturday, November 2, 2019.

Friday, November 1, 2019

Perform a Woodmere Street clean-up from West Fort Street, moving north past West Vernor, up to the end of the street at the curve (street name).

All trash shall be disposed of in the SDBA/BID dumpsters located at 7752 West Vernor.

Saturday, November 2, 2019

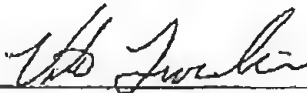
At Dawn, perform a clean-up of Patton Park parking lot and the adjacent section of Woodmere. Trash will be disposed of at the Patton Park dumpsters at location.

At Noon, perform a clean-up of Patton Park lot and the adjacent section of Woodmere. Trash will be disposed on at the Patton Park dumpsters at location.

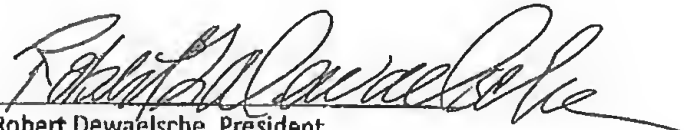
For these services, Lividini Landscaping, Inc. will charge \$ 250.⁰⁰

½ if payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.



Vito Lividini, Owner
Lividini Landscaping, Inc.



Robert Dewaelsche, President
Southwest Detroit Business Association

8-9-2019

Date

8/12/19

Date

August 8, 2019

Mr. Todd Weems

Solomon's Labor Solutions, LLC

1515 Pingree
Lincoln Park, MI 48146

RE: Bid for services related to Run of the Dead Nov. 2, 2019

Solomon's Labor Solutions, LLC proposes to do the following for the Southwest Detroit Business Association (SDBA) in preparation for its Annual Run of the Dead 5K/10K starting at Patton Park and running through Woodmere Cemetery and Holy Cross Cemetery prior to and on Saturday, November 2, 2019.

No sooner than Monday, October 28, 2019

- Paint/cover graffiti at _____ Woodmere (empty house right by Patton Park driveway entrance)
- Paint/cover graffiti at _____ Woodmere (apartment building just before curve/Weiss Park)

Saturday, November 2, 2019

Beginning of Day/Dawn

- Put BID trash can liners in all City receptacles closest to roads and the running path.
- Set up a minimum of three water tables at designated locations on the Run route, including dropping off water and cups, and extra trash bags for volunteers to collect used cups.
- Assist in general table set-up for SDBA staff/volunteers at or in Patton Park Recreation Center or in the parking lot.

Noon/End of Run

- Collect tables, leftover water and leftover unused cups. Return these to vehicle that will take them back to SDBA office.
- Collect trash bags from water tables and Park trash containers.
- Trash will be placed in Patton Park dumpsters.
- Assist in breaking down tables either in Patton Park Recreation Center or in the parking lot. If need be, transport these tables back to SDBA office.

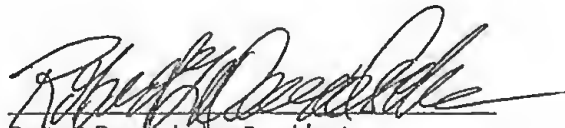
For these services, Solomon Labor Solutions, LLC will charge \$ 350.00

½ is payable by October 25, 2019.

Balance will be paid on day of event, after work is completed.



Todd Weems, Owner
Solomon's Labor Solutions, LLC



Robert Dewaelsche, President
Southwest Detroit Business Association

8-12-19

Date

8/12/19

Date

BOBS SANITATION SERVICE, INC

SCOTTY'S POTTIES

P.O. BOX 530845

LIVONIA, MI 48153



Ph: (734) 421-1400

Fax: (734) 946-7382

Service Address
SW DETROIT BUSINESS ASSOCIATION PATTON PARK REC CENTER 2301 WOODMERE DETROIT, MI 48209

Billing Address
SW DETROIT BUSINESS ASSOCIATION 7752 W VERNOR HWY DETROIT, MI 48209

Phone: (734) 674-8740

Contact: ALAN HERNANDEZ

Phone: 0

Contact:

Order #: 60609 - 01

Site #	Cust #	Sched Date	Day	Time	Clerk	Req Date	Route	P.O.#	Terms	Sales Source/Cred	Mkt/Tier
10789	SWDETROITB	Nov 03, 18	Sat		JC	Jul 13, 18			NET10	/	S11/

DELIVERY TICKET - Ord# 60609

Driver=___ Route=___ Stop=0 Truck=___ Trailer=___

SN# =

Page1 / 1

Rate	Rate Description	Quantity	Rate	Cost	Tax
DELV	FOUR SPECIAL EVENT UNITS WITH HAND SANITIZER	4.0	115.00	460.00	0.00
Grand Total:		460.00		460.00	0.00

Existing Units:

Serial#

Message

SEE BACK OF TICKET FOR TERMS AND CONDITIONS ; PLEASE**SIGN AND RETURN YELLOW COPY TO US! THANK YOU!**

Map:

Lat = 42.3094289 Long = -83.1379187

Directions:

EASTSIDE OF WOODMERE ST
NORTH OFF VERNOR HWY
EAST OF DIX AVE

Driver Notes:

**SOMEONE WILL BE ON SITE AS EARLY AS 5 AM -
REGISTRATION IS AT 7 AM**

PICKUP SUNDAY NOV 4

Customer Signature: Robert Hernandez Print Name: Robert Hernandez Driver: _____ Date: _____



FACILITY REQUEST FORM

**This request must be submitted fourteen (14) days prior to the requested rental date.
All fees must be paid within 3 days of approval, failure to do so may result in cancellation of event.**

Name of Organization: Southwest Detroit Business Association
 Name and Title of Contact Person: Robert Dewaelsche
 Address: 7752 West Vernor Highway Zip 48209 Phone: 313-842-0986
 Email address robertd@southwestdetroit.com Website www.southwestdetroit.com
 Primary Dates Saturday, November 2, 2019 Alternate Dates _____
 Open to the Public? ☒ Yes ☐ No Admission Fee? ☐ No ☒ Yes cost \$356 No. of People Expected: 700

Organization Type <input checked="" type="checkbox"/> Nonprofit (Documentation required) <input type="checkbox"/> Block Club/Community/Church <input type="checkbox"/> Sorority/Fraternity <input type="checkbox"/> Corporation/Foundation <input type="checkbox"/> _____ Event Type <input type="checkbox"/> Public/Town Hall Meeting <input type="checkbox"/> Baby Shower <input type="checkbox"/> Bridal Shower <input type="checkbox"/> Wedding Rehearsal/Reception <input type="checkbox"/> Family Reunion <input type="checkbox"/> Birthday Party <input checked="" type="checkbox"/> Fundraiser (proof of insurance may be required) <input type="checkbox"/> Meeting <input type="checkbox"/> _____ Center (Select all that apply) <input type="checkbox"/> Adams/Butzel Complex <input type="checkbox"/> Butzel Family Center <input type="checkbox"/> Brennan Event Space <input type="checkbox"/> Clemente <input type="checkbox"/> Crowell <input type="checkbox"/> Farwell <input type="checkbox"/> Heilmann <input type="checkbox"/> Kemeny <input type="checkbox"/> Lasky <input checked="" type="checkbox"/> Patton <input type="checkbox"/> Williams <input type="checkbox"/> Young	Day(s) (Select all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday (additional fee(s) may apply) <input type="checkbox"/> Sunday (additional fees) Hour(s) (Select all that apply)** <input type="checkbox"/> 8 am – 9 am <input type="checkbox"/> 9 am – 10 am <input type="checkbox"/> 10 am – 11 am <input type="checkbox"/> 11 am – 12 pm <input type="checkbox"/> 12 pm – 1 pm <input type="checkbox"/> 1 pm – 2 pm <input type="checkbox"/> 2 pm – 3 pm <input type="checkbox"/> 3 pm – 4 pm <input type="checkbox"/> 4 pm – 5 pm <input type="checkbox"/> 5 pm – 6 pm <input type="checkbox"/> 6 pm – 7 pm <input type="checkbox"/> 7 pm – 8 pm <input type="checkbox"/> 8 pm – 9 pm <input checked="" type="checkbox"/> 6am-12pm Set up/Clean (Attach layout) - \$75 <input type="checkbox"/> Banquet <input type="checkbox"/> Classroom <input type="checkbox"/> Auditorium <input checked="" type="checkbox"/> Open	Room(s) (Select all that apply) (Resident/Nonresident) <input type="checkbox"/> Kitchen \$30hr/\$40hr <input checked="" type="checkbox"/> Gymnasium \$100hr/\$150hr <input type="checkbox"/> Pool* \$100hr/\$150hr <input type="checkbox"/> Arts & Craft \$40hr/\$50hr <input type="checkbox"/> Weight Room* \$40hr/\$50hr (per five person) <input type="checkbox"/> Multipurpose / Dance \$75hr/\$85hr <input type="checkbox"/> Banquet/Auditorium (up to 200 persons) \$125hr/\$135hr <input checked="" type="checkbox"/> Meeting – Small (up to 30 persons) \$40hr/\$50hr Qty _____ <input type="checkbox"/> Meeting – Medium (up to 50 people) \$40hr/\$50hr Qty _____ <input type="checkbox"/> Meeting – Large (up to 120 people) \$75hr/\$85hr Qty _____ <input type="checkbox"/> Ice Arena \$130(50 min)/ \$140(50 min) (skate rental not incl) <input type="checkbox"/> Racquetball Court \$10hr/\$20hr Qty _____ Amenities** (Select all that apply) <input checked="" type="checkbox"/> Banquet Table(s) Qty <u>8</u> <input type="checkbox"/> Round Table(s) Qty _____ <input type="checkbox"/> Card Table(s) Qty _____ <input checked="" type="checkbox"/> Chairs Qty <u>16</u> <input type="checkbox"/> Podium <input type="checkbox"/> Projector \$60 <input type="checkbox"/> Projector Screen \$75 <input type="checkbox"/> _____
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*additional liability waiver required ** additional fee(s) may apply

Has the organization previously rented a DPRD Facility before? ☐ No ☒ Yes, What facility? Patton Recreation Cg When (Year)? 2018

Provide organization purpose/mission (attach additional sheets if needed):

Established in 1957, the Southwest Detroit Business Association (SDBA) fosters innovation, drive, and commitment in our community. We work with investors, entrepreneurs, customers, and neighbors to capitalize on Southwest Detroit's competitive advantage. We support our community's vision for a healthy, vibrant neighborhood. The Association is a coalition of businesses and community interests

Detail Description/purpose of event (attach additional sheets if needed):

Each year the 5K/10K USATF-certified SDBA's Run of the Dead connects the observation of those who have passed away through the celebration of a long-standing Mexican holiday with an interactive and health-conscious event. There are so many examples of inspiration that make this event so rewarding which supports SDBA educational programming.

RELEASE OF LIABILITY

I the undersign certifies that I/We: 1) do not discriminate against any individuals regardless of race, sex, creed, or national origin; 2) will present documentation of liability insurance, where required, in an amount determined by the Detroit Parks & Recreation Department; 3) acknowledge approval does not give or confer exclusive use of facility, 4) will use the facility only for the purpose stated above; and, agree to reimburse the City of Detroit (Detroit Parks & Recreation Department) for the cost of any damage(s) to the building or equipment during the use of the facility, 5) pay added cleaning costs, if incurred; 6) agree to abide by all rules and policies of the City of Detroit and Detroit Parks & Recreation Department. I/We also agree that all information submitted in this Facility Request Form is true and accurate to the best of my/our knowledge. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us by reason of or resulting from my/our use of Recreation Property as described herein; **Cancellation: If event is canceled organization is subject to the refund policy.** I further hereby authorize and consent to the Detroit Parks & Recreation Department, City of Detroit and/or its contractor the absolute and unconditional right and permission to collect, copyright and/or publish, or use at its discretion, interviews, quotes, photographic portraits, or pictures of me, or in which I may be included in whole or in part, or in my own or a fictitious name, including reproductions thereof in color or otherwise, made through any media, for art, advertising, trade, visual documentary, promotional, television, radio or film coverage or any other lawful purpose whatsoever, without compensation to me. I hereby waive any and all rights to inspect and/or approve the finished product or the copy that may be used in connections therewith, or the use to which it may be applied. I hereby release, discharge and agree to hold Released Parties harmless from and against any all liability whatsoever, including but not limited to blurring, distortion, alteration, optical illusion resulting from its use in composite form, whether the same shall be intentional or otherwise, that may result or which may be produce in the taking of said pictures or in any processing tending towards or resulting in the completion of the finished product.

Alcoholic beverages are prohibited. Fund Raising events are prohibited unless approved in advance by the Detroit City Council. Any person or organization violating these prohibitions will be prosecuted to the fullest extent of the law.

I have read and understand all the terms of this agreement and will conform to all the regulations expressed in this document.

I have read and understand the Detroit Parks & Recreation Department's Refund Policy and agree to its terms. RD

Robert J. L. [Signature] 8/12/19
Organization Representative Signature Date

Approved ☐ No ☐ Yes, Rental Fee \$ _____

Insurance Required ☐ No ☐ Yes, Amount \$ _____

DPRD Representative Signature

Date

FOR DETROIT PARKS & RECREATION DEPARTMENT USE ONLY

Comments: (If denial or if fee waiver provide reason and obtain Manager signature)

Check / MO #	Receipt #	Deposit Amount	Deposit Date	Accounting Initial

Manager Approval (required if fee waiver/multiple use)

Approved ☐ No, Why? _____ ☐ Yes, Fee \$ _____

Manager Signature

Date

If recommending the denial of this request or waiver of fee, indicate reason:

Director Approval (required if event is political in nature)

Approved ☐ No, Why? _____ ☐ Yes, Fee \$ _____

Director Signature

Date



Detroit Parks & Recreation Department Refund/Cancellation/Privacy/Security Policy

Use of Detroit Parks & Recreation Department Recreation Centers is available for City of Detroit residents and non-residents.

A. Membership

City of Detroit residents may receive the resident membership rate by presenting two forms of identification to establish Detroit residency. Annual membership is valid for one year (January – December). Please present your membership card at the front desk each time you visit the facility. A \$5 daily drop-in fee will be assessed when a membership card is not presented. Replacement cards may be purchased for \$5. All guests must complete and sign a membership application. Participants 17 years and younger must have membership application signed by a parent or legal guardian before being issued a membership card.

The Detroit Parks & Recreation Department is committed to keeping its membership fees lower than the industry standard. We will offer a full refund if requested the same day of paid membership otherwise no refund will be granted.

B. Classes

The Detroit Parks & Recreation Department will offer a full refund if requested within three (3) days of signing up for a class(es) otherwise a 20% processing fee will apply. However, if class has begun no refund will be given but a full credit in the amount of the class will be given towards any other program or class within the same calendar year.

C. Facility/Field Reservations

- Reservations are accepted on a first-come, first-served basis and must be submitted 14 days prior to the start of event.
- To guarantee room(s) reservation full payment is due at time of approval.
- Organizations/Individuals may cancel event up to 3 days after payment and but prior to the date of the event to ensure a full refund. Cancellation after 3 days will be refunded according to the below refund scale:

# of days after payment	Processing Fee
≤ 3	0%
> 3 or ≤ 7	25%
> 7 or ≤ 14	50%
> 14	No refund issued

Refund may take up to 60 days and will be issued to the organization/individual name on the receipt.

D. Privacy Policy

The City of Detroit Parks & Recreation Department does not collect personally-identifying information about a user except for information that is voluntarily provided to us so that we can serve the user's needs and for legitimate registration purposes. For example, when the user completes an online registration, we need to retain certain personally-identifying information on the Site in order to respond to the registration. A user's personally-identifying information (voluntarily submitted in connection with an online registration) will be treated confidentially and will not be shared with third parties.

E. Security Policy

Your payment and personal information is always safe. Our Secure Sockets Layer (SSL) software is the industry standard and among the best software available today for secure commerce transactions. It encrypts all of your personal information, including credit card number, name, and address, so that it cannot be read over the internet.



West Vernor & Springwells
Business Improvement District

August 15, 2018

Clean, Safe and Working for You!

Ms. Bethanie Fisher
City of Detroit
Media Services Department Special Events
2 Woodward Ave., Room 333
Detroit, Michigan 48226


RE: Support for SDBA Run of the Dead 2018

Dear Ms. Fisher:

On behalf of the West Vernor & Springwells Business Improvement District Board (BID) I am offering the support to the Southwest Detroit Business Association (SDBA) in its application for a permit to host the 2018 Run of the Dead 5K/10K at Patton Park. The BID has been established for 10 years, and its property owner members just renewed the BID in September 2017 for another 10 years. The BID takes responsibility for 3.1 miles of the West Vernor and Springwells business corridors to do sidewalk sweeping, maintain 88 litterbaskets, graffiti removal, and additional DPD patrols.

The BID has worked cooperatively with the SDBA to enact improvements to the business corridors and market our business community to a wider audience. We are pleased to support the SDBA in hosting the 2018 Run of the Dead on November 3, 2018 as a means to bring current and new visitors to our neighborhood.

Sincerely,

 8/15/18

Jason Ghannam
Chair, West Vernor & Springwells Business Improvement District and
Owner, Paul's Pizza

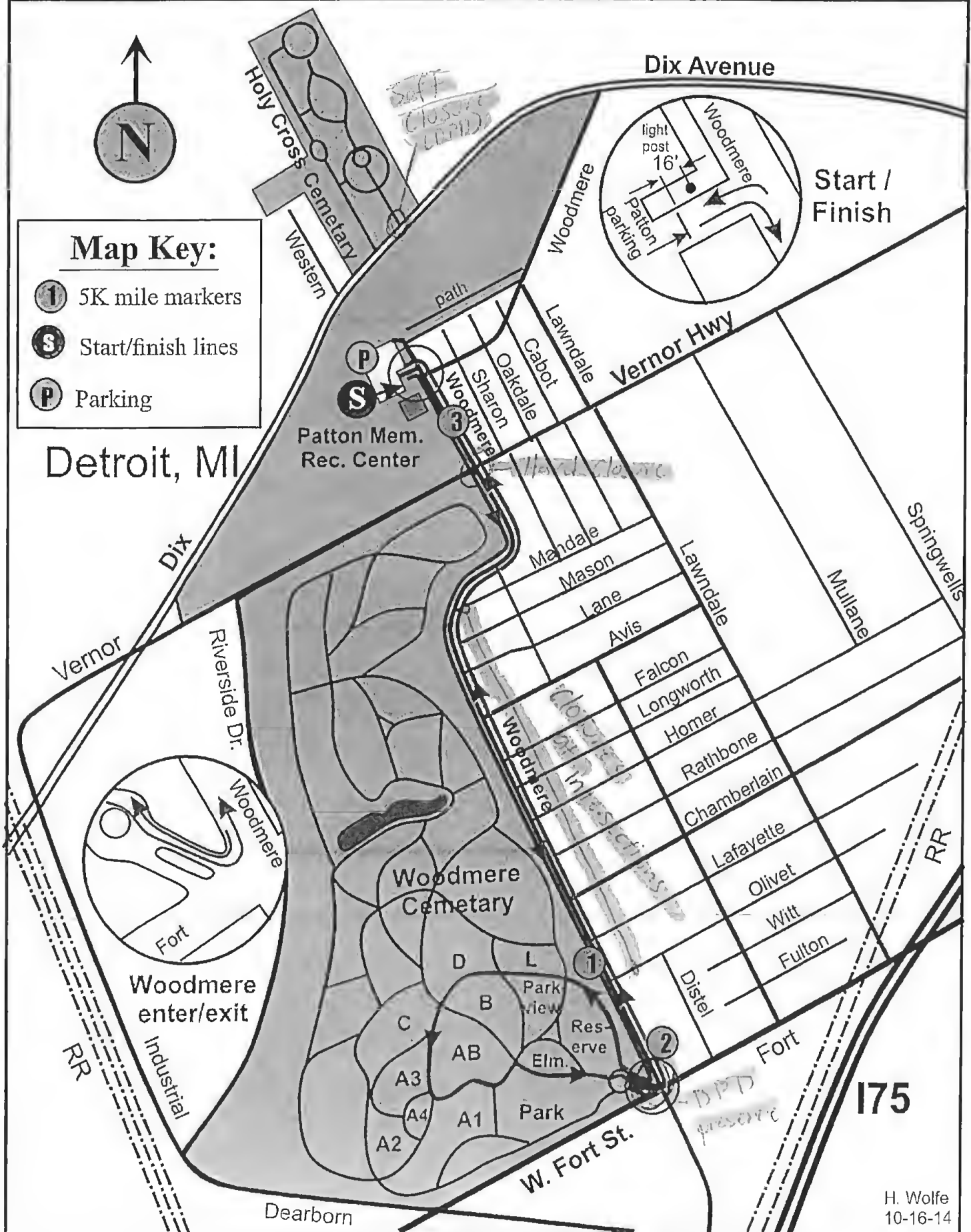
Run of the Dead - 5K Course Map



Map Key:

- 1** 5K mile markers
- S** Start/finish lines
- P** Parking

Detroit, MI





SDBA – ROTD Proposed Street Closures/Timeline

Main Streets

- A. Vernor Highway/Dix – 8:45a – 11:45a
- B. Fort Street –TBD

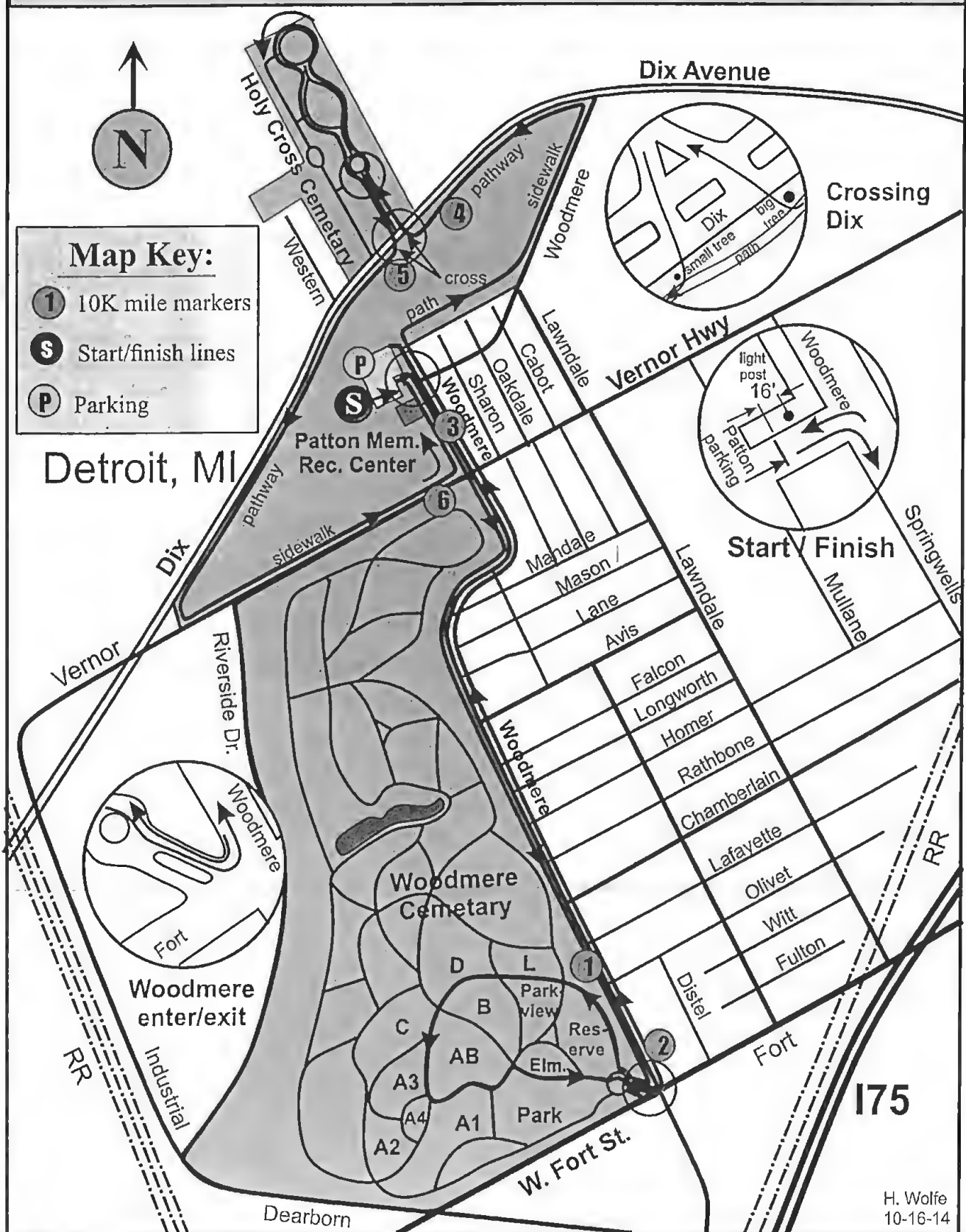
<u>Race Routes #1</u>	<u>Close</u>	<u>Reopen</u>
1. Woodmere Vernor	8:45a	11:45a
2. Woodmere Mandale	8:45a	11:45a
3. Woodmere Mason	8:45a	11:45a
4. Woodmere Lane	8:45a	11:45a
5. Woodmere Avis	8:45a	11:45a
6. Woodmere Falcon	8:45a	11:45a
7. Woodmere Longworth	8:45a	11:45a
8. Woodmere Homer	8:45a	11:45a
9. Woodmere Rathbone	8:45a	11:45a
10. Woodmere Chamberlain	8:45a	11:45a
11. Woodmere Lafayette	8:45a	11:45a
12. Woodmere Olivet	8:45a	11:45a
13. Woodmere Olivet North Alley	8:45a	11:45a
14. Woodmere Fort Street Alley	8:45a	11:45a
15. Woodmere Elsmere	8:45a	11:45a
16. Woodmere Weiss Park Alley	8:45a	11:45a



SOUTHWEST DETROIT

BUSINESS ASSOCIATION

Run of the Dead - 10K Course Map





SOUTHWEST DETROIT

BUSINESS ASSOCIATION

Run of the Dead - 10K Course Map



Run of the Dead - 5K Course Map



Map Key:

- ① 5K mile markers
- S Start/finish lines
- P Parking

Detroit, MI



2019-09-06

1070

1070 *Petition of Southwest Detroit Business Association, request to hold Southwest Detroit Business Association annual Run of the Dead at Patton Recreation Center and on Woodmere St. on 11/2/19 from 8:00am to 12:00pm with set up to be completed 11/2/19 and tear down to be complete on the event date 11/2/19*

REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
PLANNING AND DEVELOPMENT DEPARTMENT POLICE
DEPARTMENT
FIRE DEPARTMENT BUSINESS LICENSE CENTER
TRANSPORTATION DEPARTMENT MUNICIPAL

59



CITY OF DETROIT
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER
2 WOODWARD AVENUE, SUITE 1026
DETROIT, MICHIGAN 48226
PHONE: 313 • 628-2158
FAX: 313 • 224 • 0542
WWW.DETROITMI.GOV

August 15, 2019

The Honorable Detroit City Council
ATTN: City Clerk Office
200 Coleman A. Young Municipal Center
Detroit MI 48226

RE: Request to Accept and Appropriate FY 2019 Emerging City Champions Grant

The 880 Cities has awarded the City of Detroit Planning and Development Department with the FY 2019 Emerging City Champions Grant for a total of \$5,000.00. The total project cost is \$5,000.00. The grant period is July 29, 2019 through July 31, 2020.

The objective of the grant is to support Dexter Corridor vacant lot community revitalization activities. The funding allotted to the department will be utilized to pay for community engagement, programming activities, and an art installation project along Dexter Avenue and Tyler Street.

If approval is granted to accept and appropriate this funding, the appropriation number is 20676.

I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

Ryan Friedrichs
Director, Office of Development and Grants

CC:

Katerli Bounds, Deputy Director, Grants
Sajjlah Parker, Assistant Director, Grants

This request has been approved by the Law Department

This request has been approved by the Office of Budget

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RESOLUTION

Council Member _____

WHEREAS, the Planning and Development Department is requesting authorization to accept a grant from 8 80 Cities, in the amount of \$5,000.00 to support Dexter Corridor vacant lot community revitalization activities; and

WHEREAS, this request has been approved by the Law Department; and

WHEREAS, this request has been approved by the Office of Budget; now

THEREFORE, BE IT RESOLVED that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

BE IT FURTHER RESOLVED, that the Budget Director is authorized to establish Appropriation number 20676, in the amount of \$5,000.00 for the FY 2019 Emerging City Champions Grant.



880 Cities
372-401 Richmond St W
Toronto, Ontario
Canada M5V 3A8
(416) 591-7404
880cities.org
@880cities.org

EMERGING CITY CHAMPIONS PARTICIPANT AND EMPLOYER AGREEMENT

This agreement is BETWEEN:

"THE RECIPIENT"

Recipient's Legal Name:

BRIANA A MASON

AND

"THE EMPLOYER"

Employing Organization's Legal Name:

City of Detroit, Planning & Development Dept.

AND

880 Cities
401 Richmond Street West, Studio 372
M5V 3A8
Canada

As a participant in the 2019 Emerging City Champions Fellowship, the Recipient will receive a \$5,000.00 USD grant from 880 Cities to be used towards the implementation of the approved community project ("the Project"). This agreement certifies that the \$5,000.00 in funds given to the Recipient by 880 Cities will be used entirely for Project related expenses. The Project being led by the Recipient will be directly related to work being done by the Employer. Any changes to the Project require prior approval from 880 Cities.

The Recipient has opted for the grant to be deposited directly into a bank account belonging to the Employer. The funds will be held in trust for the Recipient so that she or he can cover the costs of implementing the Project. If the Recipient's status of employment changes before the Project is completed, 880 Cities must be notified immediately, and an agreement will be made regarding the use of any remaining funds.

THE RECIPIENT:

I, Briana A Mason fully understand and agree to the above terms.

Signature Briana Mason

Date 08/14/2019

THE EMPLOYER:

I, Dave Walker as a representative of the employing organization, and as a direct supervisor of the Recipient, agree to the above terms

Signature [Signature]

Date 08/14/2019



880 Cities
372 401 Richmond St W
Toronto, Ontario
Canada M5V 3A8
(416) 591 7404
880cities.org
@880citiesorg

EMERGING CITY CHAMPIONS PARTICIPANT FUNDING AGREEMENT

This agreement is BETWEEN:

"THE RECIPIENT"

Recipient's Legal Name

Brianna A. Mason

Recipient Address:

5155 E. Outer Drive
DETROIT, MI 48234

AND

880 Cities
401 Richmond Street West, Studio 372
Toronto, Ontario
M5V 3A8 Canada

As a participant in the 2019 Emerging City Fellowship, the Recipient will receive \$5,000.00 USD in funding from 880 Cities to be used towards the implementation of their approved community project ("the Project"). This agreement certifies that the funds given to the Recipient by 880 Cities will be used entirely for Project related expenses and will not be considered income of the Recipient. Any excess funds will be returned to 880 Cities.

The Recipient will:

- use the funds only for the purposes of carrying out the Project and in the manner described in the Recipient's project plan (to be developed during the Emerging City Champions Studio, July 26-31, 2019);
- promptly pay all persons employed or engaged in the carrying out the Project or supplying materials, in accordance with the terms of their engagement or employment;
- ensure that all health and safety standards are met, and get permission from landowners where needed to enter any land for the purpose of carrying out the Project;
- provide an update on Project plans and activities, either in writing or verbally when requested to do so by 880 Cities, within two weeks of such a request;
- provide a signed agreement between themselves and a third party in the event that the funds are deposited in a third-party account (i.e. Recipient's employer). The Recipient is responsible for managing the funds and ensuring the third party understands that the funds are held in trust for the Recipient and their Project.

I, Brianna A. Mason fully understand and agree to the above terms

Signature

Brianna Mason

Date

08/14/2019

Neighborhood Plan: Russell Woods + Nardin Park Neighborhood Framework Plan
Project: Reviving Dexter Art/Programming

Award Amount: \$5,000.00

Grantor: 8 80 Cities/Knight Foundation

Grantee: Briana Mason

Grant Period: July 2019 to July 2020

Description	Amount
Community Engagement	\$650.00
Art Installation & Programming	\$4,000.00
Advertisement & Community Outreach	\$350.00
Total	\$5,000.00

Contact Information

City Department: Planning and Development

Administrative Staff: Susan Burrows

Supervisor: Dave Walker

Project Manager: Briana Mason

Region: West Region

313-224-2399

313-224-1563

313-224-2034

burrows@detroitmi.gov

walkerdav@detroitmi.gov

masonb@detroitmi.gov

****Note: The money is being gifted to the City for the
advancement of a neighborhood planning effort by a
neighborhood project manager***